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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 3890

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>09/998,004 | FILING OR 371(c)<br>DATE<br>11/28/2001<br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3731 | ATTORNEY<br>DOCKET NO.<br>017516-002580US |
|-----------------------------|--|--------------|------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/253,484 11/28/2000  
 and claims benefit of 60/285,641 04/19/2001  
 and claims benefit of 60/290,556 05/10/2001  
 and is a CIP of 09/436,524 11/09/1999 PAT 6,398,726

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/17/2001

|                                 |   |                        |                         |                        |                             |
|---------------------------------|---|------------------------|-------------------------|------------------------|-----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>CA | SHEETS<br>DRAWING<br>45 | TOTAL<br>CLAIMS<br>102 | INDEPENDENT<br>CLAIMS<br>12 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                         |                        |                             |

VERIFIED AND  
ACKNOWLEDGED

Verifier and  
Acknowledged  
Examiner's Signature Initials

|                          |  |
|--------------------------|--|
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| PATENT DEPT              |  |
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## TITLE

Endoscopic beating-heart stabilizer and vessel occlusion fastener

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>2116 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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